

ALABAMA BOARD OF PHYSICAL THERAPY  
100 NO. UNION ST., STE 724  
MONTGOMERY, AL 36130-5040  
TELEPHONE: (334) 242-4064; (334) 242-3063  
FAX: (334) 242-3288

**APPLICATION FOR EVALUATING ON-SITE CONTINUING EDUCATION PROGRAMS**

Whether a provider of C.E. or an individual inquiring about the status of a particular course you may want to attend, use the following guidelines to help determine the acceptability of the course(s) you are inquiring about. Then return this form to us with a rough draft brochure or course brochure that normally will contain the required information, i.e., outline, objectives, total hours of instruction, names/qualifications of speakers, and sponsoring organization/institution. It may be faxed or mailed to us.

Title of  
Course(s) \_\_\_\_\_

Sponsoring Organization (Required) \_\_\_\_\_

Date(s) \_\_\_\_\_

**Please answer the following:**

Will the course(s) maintain, improve or expand skills or knowledge in physical therapy? \_\_\_\_\_

Does the course(s) contribute to the professional competency of the licensee by means of an organized program? \_\_\_\_\_

Does the course(s) pertain to common subjects related to the practice of physical therapy? \_\_\_\_\_  
(A statement to justify this may assist the Board in making a favorable determination.)

Is the course(s) conducted by experts in the subject matter (specialized education, training, and experience)? \_\_\_\_\_

On completion of the course(s), do participants have the opportunity to evaluate the course(s)? \_\_\_\_\_

\_\_\_\_\_ Number of contact hours requested for course.

**\*\*\*APPROVAL WILL NOT BE GRANTED FOR\*\*\***

Orientation and in-service continuing education, courses less than two hours in length, meetings for the purposes of policy decision, non-educational meetings at annual conferences, chapter or organizational meetings, entertainment or recreational meetings or activities, committee meetings, serving as organizational delegate, visiting exhibits or poster presentations.

**PERSON MAKING  
APPLICATION:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_